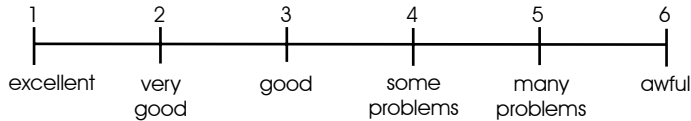


Go for a ride and use this checklist to rate your neighborhood's bikeability.

How bikeable is your community?

Rating Scale:



Location of your ride

From _____

To _____

1. Did you have a place to bicycle safely?

a) On the road, sharing the road with motor vehicles?

- | | |
|---|--|
| There was space for bicyclists to ride | Yes <input type="radio"/> No <input type="radio"/> |
| Bicycle lane or paved shoulder disappeared | Yes <input type="radio"/> No <input type="radio"/> |
| There was heavy and/or fast-moving traffic | Yes <input type="radio"/> No <input type="radio"/> |
| Too many trucks or buses | Yes <input type="radio"/> No <input type="radio"/> |
| There was space for bicyclists on bridges or in tunnels | Yes <input type="radio"/> No <input type="radio"/> |
| Well lit roadways | Yes <input type="radio"/> No <input type="radio"/> |
| Something else? _____ | |
| Locations of problems _____ | |

Rating (circle one): 1 2 3 4 5 6

b) On an off-road path or trail, where motor vehicles were not allowed?

- | | |
|--|--|
| Path ended abruptly | Yes <input type="radio"/> No <input type="radio"/> |
| Path went where I wanted to go | Yes <input type="radio"/> No <input type="radio"/> |
| Path intersected with roads that were difficult to cross | Yes <input type="radio"/> No <input type="radio"/> |
| Path was crowded | Yes <input type="radio"/> No <input type="radio"/> |
| Path was unsafe because of sharp turns or dangerous downhill | Yes <input type="radio"/> No <input type="radio"/> |
| Path was uncomfortable because of too many hills | Yes <input type="radio"/> No <input type="radio"/> |
| Path was poorly lit | Yes <input type="radio"/> No <input type="radio"/> |
| Something else? _____ | |
| Locations of problems _____ | |

Rating (circle one): 1 2 3 4 5 6

2 How was the surface that you rode on?

- | | |
|---|--|
| There were potholes | Yes <input type="radio"/> No <input type="radio"/> |
| There was cracked or broken pavement | Yes <input type="radio"/> No <input type="radio"/> |
| There was debris (e.g. broken glass, sand, gravel, etc.) | Yes <input type="radio"/> No <input type="radio"/> |
| There were dangerous drain grates, utility covers, or metal plates | Yes <input type="radio"/> No <input type="radio"/> |
| There were uneven surfaces or gaps | Yes <input type="radio"/> No <input type="radio"/> |
| There were slippery surfaces when wet (e.g. bridge decks, construction plates, road markings) | Yes <input type="radio"/> No <input type="radio"/> |
| There were bumpy or angled railroad tracks | Yes <input type="radio"/> No <input type="radio"/> |
| There were rumble strips | Yes <input type="radio"/> No <input type="radio"/> |
| Something else? _____ | |
| Locations of problems _____ | |

Rating (circle one): 1 2 3 4 5 6

3. How were the intersections you rode through??

- | | |
|---|--|
| Had to wait too long to cross intersection | Yes <input type="radio"/> No <input type="radio"/> |
| Couldn't see crossing traffic | Yes <input type="radio"/> No <input type="radio"/> |
| Signal didn't give me enough time to cross the road | Yes <input type="radio"/> No <input type="radio"/> |
| Signal didn't change for a bicycle | Yes <input type="radio"/> No <input type="radio"/> |
| Unsure where or how to ride through intersection | Yes <input type="radio"/> No <input type="radio"/> |
| Something else? _____ | |
| Locations of problems _____ | |

Rating (circle one): 1 2 3 4 5 6

4. Did drivers behave well?

- | | |
|-------------------------------------|--|
| Drivers drove too fast | Yes <input type="radio"/> No <input type="radio"/> |
| Drivers passed me too close | Yes <input type="radio"/> No <input type="radio"/> |
| Drivers did not signal | Yes <input type="radio"/> No <input type="radio"/> |
| Drivers harassed me | Yes <input type="radio"/> No <input type="radio"/> |
| Drivers cut me off | Yes <input type="radio"/> No <input type="radio"/> |
| Drivers ran red lights or stop sign | Yes <input type="radio"/> No <input type="radio"/> |
| Something else? _____ | |
| Locations of problems _____ | |

Rating (circle one): 1 2 3 4 5 6

5. Was it easy for you to use your bike?

There were maps, signs, or road markings to help me find my way Yes ☐ No ☐

There was a safe or secure place to leave my my bicycle at my destination Yes ☐ No ☐

There was a way to take my bicycle with me on the bus or train Yes ☐ No ☐

There were scary dogs Yes ☐ No ☐

It was easy to find a direct rout I liked Yes ☐ No ☐

The route was too hilly Yes ☐ No ☐

Something else? _____

Locations of problems _____

Rating (circle one): 1 2 3 4 5 6

6. What did you do to make your ride safer?

Wore a bicycle helmet Yes ☐ No ☐

Obedyed traffic signals and signs Yes ☐ No ☐

Rode in a straight line (didn't weave) Yes ☐ No ☐

Signaled my turns Yes ☐ No ☐

Rode with (not against) traffic Yes ☐ No ☐

Used lights, if riding at night Yes ☐ No ☐

Wore reflective and/or retroreflective materials and bright clothing Yes ☐ No ☐

Was courteous to other travelers (motorists, skaters, pedestrians, etc.) Yes ☐ No ☐

Something else? _____

Locations of problems _____

Rating (circle one): 1 2 3 4 5 6

Name of Neighborhood: _____

Boundaries: _____

Contact Person: _____

Mailing Address: _____

Daytime Phone: _____

E-mail: _____

Thank you for letting the City know what you think about improving bikability in Lincoln! You can use survey results to help justify requests for resources needed for important improvements in your neighborhood.

Return Survey to:
Lincoln/Lancaster County Planning Department
555 S. 10th Street, Suite 213
Lincoln, NE 68508
402-441-7491
www.ci.lincoln.ne.us



LINCOLN BIKEABILITY PLAN
Neighborhood Biking Survey